

## BILL [WILLIAMS] NOT HEALTH INSURANCE\*

By CHESTER H. ROWELL, LL.D.

Officials of a number of credit unions in the San Francisco district are reported to have voted to favor a bill, drafted by Attorney Leo Shapiro and to be introduced in the Legislature by State Senator Dan Williams, which they understood would enable the 40,000 credit-union members in California and all others desiring it, to "obtain voluntary medical and hospital insurance." Since they want this insurance, they naturally looked with approval on a measure which they supposed would provide it.

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If, however, they had examined the draft bill more carefully, they would have discovered that it provides for no "insurance" whatever, "voluntary" or otherwise. The only thing resembling "insurance" in it is that it is under the supervision of the Insurance Commissioner. By that argument, liquor regulation would be tax equalization, since it is administered by the Board of Equalization. Otherwise there is no insurance in the bill, not even in its title, which is the "Voluntary Health Service Act." "Service" is not "insurance," even if it is paid for on the installment plan. What this bill provides for is "contract medicine."

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Even as a "contract medicine" measure the bill has some extraordinary provisions. "A" physician, licensed in California, may go into the business of furnishing medical, hospital and nursing services wholesale, for weekly or monthly fees, and may open branch offices and hire other physicians, surgeons, and nurses, to work under him, as well as making such arrangements as he can with hospitals, by which he (not the hospitals) shall provide hospital service, but there is no provision by which a group or partnership of physicians may do so. It is "a" physician and his hired doctors.

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Even the provision of hospital services is confined to "a" physician, who presumably owns no hospital. The hospitals cannot go into the contract hospital business, on their own, and are dependent on such organization as "a" physician may get up. He will collect the fees from his customers, and will presumably pay the hospital from them. However, the only "reserve" he is required to keep is a half-month's fees, plus the unearned portion of current fees. This would be wholly inadequate if any considerable number of his customers (they are, in this aspect, not "patients") should need serious hospital attention at once.

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What services "the" physician and his hired men shall render the patient is not specified in the law. He is merely authorized to contract for "such medical services of a specified nature" as may be required, and to file with the Insurance Commissioner a copy of his contracts, setting forth "the nature of the medical services to be rendered" and whether, and under what terms and conditions hospitalization and nursing will be furnished. This opens the way to the worst abuses that have grown up under unregulated voluntary health insurance corporations, some of which have almost limited surgical services to fractures of the left tibia, caused by being run over by the right rear wheel of a pink street car, south of Market street, between 8 and 8:30 p. m., in the dark of the moon.

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The duties of the Insurance Commissioner are confined largely to issuing licenses to "a" physician making application in due form; receiving reports showing how many customers the physician has, how much he charges and how much he receives; collecting one per cent of gross fees for the license, and appointing a "medical deputy" who shall be his "adviser," and shall have some sort of vague authority over the standards of services rendered. The licensee shall hire enough doctors to bear a proper

ratio to the number of patients; shall have a half-month's fees on deposit, and shall not draw out the next month's fees except in proportion to the number of days that have expired of the month. There is no other reserve.

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The bill, of course, lacks every feature that would make it a health insurance act, good or bad, and it does nothing for the practice of medicine except to put it on a basis like that of towel service in office buildings, plus the fact that it is paid for on the installment plan. The only part of health service that would be practical on any such plan is hospitalization, and the hospitals are excluded from this, except as they may turn it over to "a" physician, if they can make arrangements with him. Group medicine is also reduced to "a" physician and his hired men. There is no adequate supervision, legal, administrative or medical, and the patient must find out for himself whether there are any jokers in his contract.

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"A" physician engaging in this business on a wholesale scale, with the authorized "branch offices," will, of course, have to employ runners, to drum up business, and to show that he offers more services for less money than his competitor across the street. The Insurance Commissioner cannot prescribe or enforce a standard contract.

If California is going to have health insurance (as nearly all civilized countries have long had it), let it have the real thing.

This bill is not even good "contract medicine."—From the *San Francisco Chronicle*, September 17, 1936.

## CALIFORNIA STATE VENEREAL DISEASE BUREAU ESTABLISHED

In August of 1917 the California State Board of Health established a Bureau of Venereal Diseases through the provision of emergency funds by the Governor of California. This bureau operated efficiently until 1920, when its activities were discontinued because of a lack of funds and lack of public interest.

The bureau established by the California State Board of Health in 1917 was the first state bureau of venereal diseases to be established in the country. The war emergency was largely responsible for its organization, which was made possible at that time through the use of federal funds devoted to the purpose.

There is now a civic awakening to the importance of venereal disease control, and through the provisions of the Social Security Act, funds have been made available by the Federal Government which will enable the State Department of Public Health to reestablish its Bureau of Venereal Diseases.

The reestablishment of this bureau, supported by public opinion, will enable the coordination and regulation of activities for the control of syphilis that are now being carried on by the various clinics in medical schools and health departments scattered throughout the State. Under the Social Security Act, funds are disbursed through the State Health Officer, it being necessary for him to submit a budget and plan which meet the approval of the Surgeon-General of the United States Public Health Service.

The main objectives in the present plan for venereal disease control consist of: (a) The provision of adequate facilities for diagnosis and treatment of syphilis; (b) Post-graduate instruction for physicians in the management and control of syphilis; (c) Education of the general public in all matters pertaining to venereal diseases and their control; (d) Stimulation of case reporting and the provision of adequate supervision over active cases of syphilis; (e) Intensive and complete investigations of early and potentially infectious cases of syphilis and their contacts.

In order to facilitate the Department's activities in the control of venereal diseases, new regulations were adopted by the State Board of Public Health on January 2, 1937. These regulations are as follows\*:

"It shall be the duty of every person who gives treatment for syphilis or gonorrhea to report in writing immediately to the local health officer within whose juris-

\*Article by Chester H. Rowell, Esq., refers to Senate Bill 121 (Williams) and its duplicate Assembly Bill 1283 (Welsh).

\* See also news item, on page 200.

diction such patient is, on a card supplied by the State Department of Public Health, the patient's initials, sex and date of birth.

"The local health officer shall forward these reports to the State Department of Public Health at least weekly.

"The physician shall keep a record by name and address of each patient treated.

"The name and address of the patient shall be reported to the local or state health official to whom the attending physician is required to report such case, upon the special request of such official if in his judgment this may be necessary to prevent the spread of the disease to other persons.

"Whenever any person suffering from syphilis or gonorrhea shall discontinue treatment while, in the judgment of the attending physician, he is capable of transmitting the disease to others, such physician shall report immediately such facts, together with the patient's initials and date of birth to the local or state health official to whom the attending physician is required to report such case.

"Records of any local department of health or of any local health officer or of any laboratory, clinic or other institution relating to cases of syphilis or gonorrhea shall be confidential except in so far as may be necessary to carry out the provisions of the law and these regulations."

In order that adequate facilities and efficient methods of treatment may be made available, basic requirements for the conduct of clinics, both as to equipment and methods of procedure, are made. A state-wide survey is now being undertaken for the purpose of developing and adopting uniform standards in the conduct of clinics.

Through the use of National Social Security funds allotted to the California State Department of Public Health, the following services will be made available:

1. Public health nurses to do follow-up field work in order that patients who begin treatment may continue without lapses which are common in patients suffering from these diseases.

2. Distribution of arsenical and bismuth preparations to be used in the treatment of patients who are unable to pay for these supplies and the provision of suitable literature.

3. The provision, in so far as may be possible, for a special short course in social hygiene and venereal disease control for public health nurses at the universities.

In general, the plan for venereal disease control formulated by Surgeon-General Parran while serving as State Health Commissioner of New York will be followed. Each early case of syphilis, which means one in which the infection is of less than one year's duration, will be investigated, locally, and diligent efforts will be made to identify the contacts of each early case, both prior and subsequent to infection. Individuals so identified will be examined and placed under treatment as required.

Each potentially infectious syphilis case, which means all untreated cases in which the infection is of two years or less duration and all treated cases in which the required course has not been completed, will be investigated, locally, and the contacts of such case following infection will be identified, examined and placed under treatment as required. These requirements do not apply to cases under the care of a private physician.

Delinquent cases in the local community will be investigated. Each patient, reported as having discontinued treatment for more than seven days while capable of transmitting the disease, will be sought, and, if found, will be returned to treatment, using such measures as may be necessary.

The National Social Security Act, therefore, makes possible immediate action in the control of venereal diseases, and the California program in the prevention and control of syphilis is already under way.

Dr. Malcolm H. Merrill, in charge of the Syphilis Clinic at the University of California School of Medicine, is the Chief of the Bureau of Venereal Diseases of the California State Department of Public Health. Doctor Merrill is a graduate of the St. Louis University School of Medicine and has spent three years in research work at the Rockefeller Institute of Medical Research, New York City. The appointment of Doctor Merrill was announced by Dr. Walter M. Dickie, Director of the California State Department of Public Health.

## SMOKE AND FUMES CLEANSED BY SUPER-SOUND WAVE IN PROCESS DEVELOPED BY BUREAU OF MINES

The United States Department of the Interior, through its Bureau of Mines, sends out the following bulletin:

Dense clouds of fumes threatening the greenery and freshness of a countryside, subdued at the shriek of a whistle! Columns of choking smoke darkening the skies of teaming cities cleansed at the command of a sound wave! Precious particles of gold, silver, lead, copper, and zinc, bound skyward from the smelter stack, knocked out of the fume and collected as valuable byproducts! Fragments of unburned coal and ash, belched from factory chimneys, bent on soiling the housewife's linen or smirching the surface of fresh paint, diverted from its malignant course at the behest of a "supersonic wave" that may be of such high pitch that you cannot even hear it.

Such is the promise of a device invented by H. W. St. Clair, metallurgist, United States Bureau of Mines, which will be demonstrated in the North Interior Building, Washington, D. C., Saturday, February 13, at 10 a. m. The device should be of real aid in solving the smelter-fume problem, which has for years been the source of expensive litigation due to suits brought by property owners charging damage to vegetation, live stock, and water supplies. The device should also be of value in helping to curb the smoke nuisance in large cities, which has been responsible for injury to property and health running into many millions of dollars annually.

It has long been known that, when sound waves are passed through a tube containing a fine powder, the powder will be concentrated at points that are free from vibratory motion. It has also been known that waves of extremely high frequency affected the diffusion of solid or liquid particles in a gas. However, as the Bureau of Mines points out, no practical application has previously been made of this knowledge.

The St. Clair method merely passes the smoke or fume through a tube in which standing sound waves are established. These standing waves are produced by so adjusting the length of the tube that waves reflected from the upper end are in phase with the original sound waves set up at the lower end.

In order that the process may work at its best, the wavelength used must be approximately equal to the diameter of the tube. For a tube of practicable diameter, this means that the frequencies used will vary from 3 to 20 kilocycles per second. A person of acute hearing can detect waves of frequencies up to about 5 kilocycles; those of greater frequency are above the auditory range and hence are sometimes called "supersonic."

To generate sound waves of this frequency, several types of equipment may be used. Mr. St. Clair has used what is technically known as the magneto-strictive method, but for purposes of popular demonstration, an acoustic generator is used. This, in fact, is merely a shrill whistle. The sound waves produced by the whistle are reflected in phase with the original waves from the top of the tube and cause the solid particles to fall out of the gas stream. The action is similar to the effect produced by drawing the bow of a violin over a metal plate on which dust particles are deposited, when the vibrations cause the particles to arrange themselves in groups.

The Bureau of Mines for many years past has been interested in the problem of smelter fumes. As long ago as 1929 it began work on the possibility of settling smoke by means of acoustic waves.

The installation of the process that has now been devised should be comparatively inexpensive, as it utilizes simple sound waves instead of the more elaborate processes employed in other fume-treatment methods, and is, therefore, adaptable to the smaller plants.

Patents covering the new process will be applied for by members of the staff of the Bureau of Mines for the benefit of the public.

The process will be demonstrated at the annual meeting of the American Institute of Mining and Metallurgical Engineers in New York next week, the demonstration in Washington being a preview for officials of the Department of the Interior.